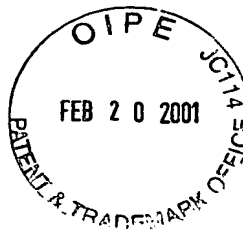


Practitioner's Docket No. U 013173-8



*Receipt*  
05-31-01  
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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Yonatan SILVER  
Serial No.: 09/432,668  
Filed: November 2, 1999  
For: TIME-DEPENDENT AUTHORIZATION

Group No.: 2766  
Examiner:

Assistant Commissioner for Patents  
Washington, D.C. 20231

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MAY 30 2001  
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**REQUEST FOR CORRECTED FILING RECEIPT**

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

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Date: February 15, 2001

Signature

Julian H. Cohen

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1. ☐ Applicant's name
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4. ☐ Filing Date
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6. ☐ Foreign/PCT Application Re:
7. ☒ Other: Correspondence address
8. ☒ Other: Attorney Docket No.

**Correct data**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
7. Delete "JOEL G. AKERMAN...94111"  
Insert --Julian H. Cohen  
c/o Ladas & Parry, 26 West 61<sup>st</sup> Street,  
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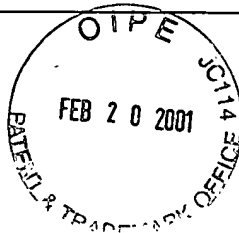
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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY DOCKET NO.     | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|-------------------------|-------|--------|--------|
| 09/432,668         | 11/02/99    | 2766         | \$1,262.00    | <del>SANF-23300-U</del> | 3     | 32     | 5      |

JOEL G ACKERMAN ESQ  
LIMBACH & LIMBACH LLP  
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) YONATAN SILVER, JERUSALEM, ISRAEL.

FOREIGN APPLICATIONS- ISRAEL 128506 02/11/99

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/11/00  
TITLE  
TIME-DEPENDENT AUTHORIZATION

PRELIMINARY CLASS: 380

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Bib Data Sheet

CONFIRMATION NO. 1351

|   |   |                                   |   |  |                                |
|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/432,668  | <b>FILING DATE</b><br>11/02/1999<br><b>RULE</b>   | <b>CLASS</b><br>380               | <b>GROUP ART UNIT</b><br>2766   | <b>ATTORNEY DOCKET NO.</b><br>U 013173-8 |                                |
| <b>APPLICANTS</b><br>YONATAN SILVER, JERUSALEM, ISRAEL;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>ISRAEL 128506 02/11/1999<br><b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 02/11/2000</b>  |   |                                   |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>ISRAEL | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>32                | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>00140   |   |                                   |   |  |                                |
| <b>TITLE</b>  |   |                                   |   |  |                                |
| <b>TIME-DEPENDENT AUTHORIZATION</b>   |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1262  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |